

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Parenting with Love and Limits (PLL)
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Colleen Burton
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		750,000	750,000		750,000	750,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Juvenile Justice
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The contract is performance based. If services are not completed then payment is not received. It is not guaranteed that the full amount will be received.

6. Requester:

- a. Name: John Burek
- b. Organization: Parenting with Love and Limits/NAFI, Inc.
- c. Email: jburek@gopll.com
- d. Phone #: (863)255-4654

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Deborah Yates
- b. Organization: North American Family Institute (NAFI), Inc.
- c. Email: DebYates@nafi.com
- d. Phone #: (240)201-6938

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Frank Mayernick
- b. Firm: The Mayernick Group
- c. Email: frank@themayernickgroup.com
- d. Phone #: (850)201-6938

9. Organization or Name of entity receiving funds:

- a. Name: North American Family Institute (NAFI), Inc.
- b. County (County where funds are to be expended): Polk
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Hardee, Highlands, Polk

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The specific purpose of the program is to serve moderate to high risk youth offenders and their families to achieve more positive and sustainable long-term impact. PLL is one of the only evidence based models in the country that has proven to have high family engagement, lower recidivism, lower residential placements, and lower re-entry into a residential placement for a second or third time. Parents are better prepared and equipped to handle the youth coming back home. The PLL model works.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Masters level clinicians, bachelors level case managers, Licensed Clinical Therapist	420,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	IT, Certification Training, On-going training, Child Care, Rent, Utilities, Client Transportation, Travel, Staff Mileage, Client Group Meals, Supplies, Client Expenses, Computers, Computer Repair and Maintenance, Advertising, Postage, Professional Liability Insurance,	215,000

	Telecommunications	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Parenting with Love and Limits Licensing Fee that includes: ongoing supervision of the model for fidelity and quality assurance; implementation services; dashboard; research outcomes; quarterly meeting facilitation; 24/7 availability; certification training; ongoing staff development	115,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

This project is in the third year and has shown favorable outcomes working with the most challenging population in Florida, moderate to high risk youth and their families. The Judicial Circuit probation offices have supported this project as well as DJJ leadership. This model has received family testimonies of lives that were changed as a result.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Youth and their families involved in the juvenile justice system will participate in multi-family groups, therapy and case management. This includes: PLL assistance at residential commitment facilities/homes, transportation for families for goal-directed activities, and technology resources (tele-medicine). To maintain fidelity to model outcomes, PLL teams complete training in the evidence based PLL Model and participate in ongoing video recorded supervision and training.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Youth and their families involved in the juvenile justice system will receive the following services: skills-based training in multi-family groups, individual/family therapy, crisis intervention, and case management. PLL teams will travel to residential commitment facilities/homes, and/or provide transportation for families to complete goal-directed activities. Youth placed in residential commitment facilities outside of driving distance will receive services through tele-med technology.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students

- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Families of youth who are involved in the juvenile justice system

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Child Behavior Checklist (CBCL) - Scales that measure Rule Breaking; Aggressive Behaviors; Social Problems; Thought Problems; Oppositional Defiant Behavior; Conduct Disorder and Post-Traumatic Stress Disorder (PTSD). All of these areas will be decreased at a statistical significant level. Additionally, the FACES-IV is used to measure the family functioning with scales in Cohesion, Flexibility,	This program uses pre and post testing using the instruments, Child Behavior Checklist (CBCL) and the Family Adaptability and Cohesion Effectiveness Scale (FACES-IV). The instruments are used in real time using the PLL dashboard. PLL has obtained the algorithms to score individually. Annually, these tests are sent to an independent evaluator to have analyzed and scored for all

	Disengaged, Enmeshed, Rigid, Choatic, Family Communication and Family Satisfaction Scales.	combined youth.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Youth and families will attend and complete 6 multifamily groups and 12 coaching sessions using a skill based curriculum, family stabilization and family trauma treatment. Family Trauma Treatment allows the family to go past the surface (symptoms) and into the deeper rooted causes of the delinquent behavior, subsequently achieving, second order or lasting change.	70% or greater will complete the full dosage of treatment as outlined in program completion. Youth involved in juvenile justice and their siblings benefit from the researched based model with statistically better outcomes.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	This model is currently being used in 12 states and Europe with proven reduction in recidivism compared to	The recidivism outcomes are reported by the Department of

	youth that are identical in risk, age, criminal history, race, gender, and other matching categories.	Juvenile Justice annually.
<input checked="" type="checkbox"/> Reduce substance abuse	Although not a substance abuse treatment model, this model has reduced substance abuse as evidenced by the effective implementation of behavior contracts utilizing random drug screens.	Youth will test negative or show reduction in substances.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	750,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	750,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M